L01000012659

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR -9 PM 3:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

300012326333
02/11/03--01095--002 **150.00

DOCUMENT # L01000012659

1. Limited Liability Company's Name
Jack & Jill Learning Centers, L.C.

4/9 2002-2003

2. Principal Office Address	3. Mailing Office Address
1845 Old Moultrie Road #77	1845 Old Moultrie Road #77
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine, Florida	City & State: St. Augustine, Florida
Zip: 32084 Country: USA	Zip: 32084 Country: USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 7/31/2001

6. FEI Number: 59-3734706 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

300012326333
04/09/03--01068--004 **50.00

Name: Jennifer ~~Fisher~~ Steele

Street Address (P.O. Box Number is Not Acceptable): 1845 Old Moultrie Road #77

Suite, Apt. #, Etc.:

City: St. Augustine State: FL Zip Code: 32084

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: X Jennifer Steele Date: 1/31/03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
Mgr	Jennifer ~~Fisher~~ Steele	1845 Old Moultrie Road #77	St. Augustine, Florida 32084

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: Jennifer Steele Date: 1/31/03 Daytime Phone #: 904-808-0700 904-810-5757

Typed or printed name of signing Managing Member/Manager: Jennifer ~~Fisher~~ Steele